State of Alabama **Unified Judicial System**

Form C-10 Page 1 of 2

Rev. 2/95

AFFIDAVIT OF SUBSTANTIAL HARDSHIP AND ORDER

Case Number 1:06-cv-00800-MHT

· IN	THE COURTON COURTON ALABAMA
erizen.	(Circuit, District, or Municipal) (Name of County or Municipality)
ST	YLE OF CASE: Angelor Denise No. 15 Plaintiff(s) Plaintiff(s) Plaintiff(s)
TYI	
	CIVIL CASE- I, because of substantial hardship, am unable to pay the docket fee and service fees in this case. I request
	that payment of these fees be waived initially and taxed as costs at the conclusion of the case. CIVIL CASE (such as paternity, support, termination of parental rights, dependency) - I am financially unable to hire an attorney and I request that the court appoint one for me.
	CRIMINAL CASE—I am financially unable to hire an attorney and request that the court appoint one for me. DELINQUENCY/NEED OF SUPERVISION—I am financially unable to hire an attorney and request that the court appoint one for my child/me.
	AFFIDAVIT
SEC	CTION I.
F	DENTIFICATION Full name 12 nge n Den 1.50 No. 15 Den 1.50 No. 15 Date of birth 0 n 8, 1961
s	complete home address 342 St Saint Andreus St AOT 808 DAMO AT
	SUBOT Sumber of people living in household 1
	Occupation/Job D1500) ec. Length of employment 2 Years 8 Months
	river's license number 1639414 AL *Social Security Number 212 782867
	mployerEmployer's telephone number
, <u></u> -	
2.	ASSISTANCE BENEFITS
ARIJ.Eu.	Do you or anyone residing in your household receive benefits from any of the following sources?::(If so; please check those which apply.)
	□ AFDC □ Food Stamps □ SSI ☑ Medicaid □ Other
3,	INCOME/EXPENSE STATEMENT
	Monthly Gross Income: Monthly Gross Income Spouse's Monthly Gross Income (unless a marital offense) \$ 834.00
	Other Earnings: Commissions, Bonuses, Interest Income, etc. Contributions from Other People Living in Household Unemployment/Workmen's Compensation,
 <u></u>	Social Security, Retirements, etc.
	TOTAL MONTHLY GROSS INCOME \$ 824,00
	Monthly Expenses: A. Living Expenses
: . •••	Rent/Mortgage Total Utilities: Gas, Electricity, Water, etc.
	Food Clothing Health Care/Medical
	Insurance Car Payment(s)/Transportation Expenses Loan Payment(s)
OPT	ONAL

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Monthly Expenses: (cont'd pa Credit Card Payment(Educational/Employme Other Expenses (be s	ent Expenses Decific C A A QUITO \$150,000	(
Sub-Tot B. Child Support Paymen	$\mathbf{A} \bullet \mathbf{A} \bullet \mathbf{A} \bullet \mathbf{A}$	DC
Sub-Tot		
C. Exceptional Expenses	\$O	<u>:</u>
TOTAL MON	THLY EXPENSES (add subtotals from A & B monthly only) \$ 824.(00
Total Gross Monthly Incom	e Less total monthly expenses:	
	ISPOSABLE MONTHLY INCOME	<u> </u>
bonds, certificates of deposit	of property less what you owe)	
motor vehicles, stereo, VCR, guns, less what you owe) Other (be specific)	furnishing, jewelry, tools,	
IT SO, DESCRIBE TO LICY IS		3 per
	LIQUID ASSETS s_57.00	<u>O.</u>
sworn to and subscribed before	s are true and reflect my current financial status. I understand that a false statement or a sy subject me to the penalties of perjury. I authorize the court or its authorized representating to my financial status from any source in order to verify information provided by me - I fit the court appoints an attorney to represent me; the court may require me to pay all or present this The first point of the court of the court of the court may require me to pay all or provided counsels. Affiant's Signature Print or Type Name	ative to
	ORDER OF COURT	
Affiant is not intigent and request toward the an ordered and disbursed as follow. Affiant is indigent and request. The prepayment of docket fee: IT IS FURTHER ORDERED AND affiant.	is GRANTED.	erwise
and the second of the second o		
	Judge	_